## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/768/673

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS				ı	RATE	FEE	OR 1	RATE	FEE	
FOR	NUMBER FILED	NUME	BER EXTRA	1	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	26 minus 20=	. 6			X\$ 9=		OR	X\$18=	108.00	
INDEPENDENT CLAIMS 4 minus 3 =		= 1			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT				ı	.405		1	070	لأ 0،يور	
* If the difference in column 1 is less than zero, enter "0" in column 2				L	+135= TOTAL		OR	+270=	g o .7(29	
D CLAIMS AS AMENDED - PART II					IOIAL		OR	TOTAL	93800	
(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER SMALL I		
Total  Independent  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent	NU PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total -	Minus ** C	<u> </u>	<u> </u>		X\$ 9=		OR	X\$18=	ſ	
FIRST PRESENTATION OF MI	Minus •••	4 CLAIM	= -		X40=		OR	X80=		
		VI OBANI			+135=		OR	+270=	Ĵ	
1000				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	)	
10004 (Column 1)		umn 2)	(Column 3)	١					•	
Total  Independent  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent	NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · A	Minus ++ C	<i>ξ</i> (φ	. —		X\$ 9=	·	OR	X\$18=	<del></del>	
FIRST PRESENTATION OF MU	Minus *** ULTIPLE DEPENDEN	H IT CLAIM	=		X40=		OR	X80=	j	
					+135=		OR	+270=		
				Δ.	TOTAL ODIT, FEE		OR ,	TOTAL ADDIT, FEE		
(Column 1)	(Col	umn 2)	(Column 3)	, , ,	JOI1. 1 EE <b>=</b>		,	NOOH. TEE		
CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  *	NU PREV	HEST MBER FOUSLY D FOR	PRESENT EXTRA			ADDI- FEE		RATE	ADDI- TIONAL FEE	
Total •	Minus	<u>φ</u>	2		X\$ 9=		OR	X\$18=		
Independent +	Minus ***	4	=	I	X40=			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					+135=		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					TOTAL DIT. FEE		OR,	TOTAL ODIT, FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										